
TITLE: Billing and Collection Policy

PURPOSE: UF Health Jacksonville bills patients and applicable third-party payers after health care services have been provided. This policy provides clear and consistent guidelines for conducting billing and collections functions in a manner that promotes compliance, patient satisfaction, and efficiency.

- Employing billing statements, written correspondence, and phone calls, UF Health Jacksonville will make diligent efforts to inform patients of their financial responsibilities and available financial assistance options, as well as follow up with patients regarding outstanding accounts.
- This policy requires UF Health Jacksonville to make reasonable efforts to determine a patient's eligibility for financial assistance under UF Health Jacksonville's financial assistance policy before engaging in extraordinary collection actions to obtain payment.

DEFINITIONS:

1. **Extraordinary Collection Actions (ECAs):** A list of collection activities, as defined by the IRS and Treasury, which healthcare organizations may only take against an individual to obtain payment for care *after* reasonable efforts have been made to determine whether the individual is eligible for financial assistance. These actions include reporting adverse information to credit bureaus/reporting agencies along with legal/judicial actions.
2. **Financial Assistance Policy (FAP):** A separate policy that describes UF Health Jacksonville's financial assistance program—including the criteria patients must meet in order to be eligible for financial assistance as well as the process by which individuals may apply for assistance.
3. **Reasonable Efforts:** A certain set of actions a healthcare organization must take to determine whether an individual is eligible for financial assistance under a financial assistance policy. In general, reasonable efforts may include making presumptive determinations of eligibility for full or partial assistance as well as providing individuals with written and oral notifications about the FAP and application processes.

PROCEDURE: To establish a billing and collections policy that is in compliance with Section 501(r) of the Internal Revenue Code and the regulations promulgated thereunder. This policy was adopted by the Board of Directors in June, 2016 and is reviewed each year thereafter.

- I. Insurance Billing
 - A. For insured patients, UF Health Jacksonville will bill applicable third-party payers (based on information provided by or verified by the patient) in a timely manner.
 - B. If a claim is denied or not processed by a payer due to an error on our behalf, the patient will not be billed for any amount in excess of what the patient would have owed had the payer paid the claim.
 - C. If a claim is denied or not processed by a payer due to factors outside of our organization's control, staff will follow up with the payer and patient as appropriate to facilitate resolution of the claim. If resolution does not occur after prudent follow-up efforts, UF Health Jacksonville may bill the patient or take other actions consistent with current regulations and industry standards.
- II. Patient Billing
 - A. Uninsured patients will be billed directly and timely, and they will receive a statement as part of the organization's normal billing process.

- B. Uninsured patients who are not eligible for financial assistance under the Financial Assistance policy may be eligible for a self-pay discount of 45% off of UF Health Jacksonville's gross charges. Any self-pay discount applied will be reversed if insurance coverage is located.
- C. The self-pay discount does not relieve nor forgive point-of-service cash payments that the patient may be required to pay. Also, the discount will not be applied to any "cosmetic" or other elective services.
- D. For insured patients, after claims have been processed by third-party payers, UF Health Jacksonville will bill patients in a timely manner for their liability amounts as determined by their insurance benefits.
- E. Patients may request an itemized statement for their accounts at any time.
- F. If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days (if possible) and will hold the account for at least 30 days before referring the account for collection.
- G. UF Health Jacksonville may approve payment plan arrangements for patients who indicate they may have difficulty paying their balance in a single installment.
 - 1. Patient Financial Services managers and directors have the authority to make exceptions to this policy on a case-by-case basis.

UF Health Jacksonville is not required to accept patient-initiated payment arrangements and may refer accounts to a collection agency as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

III. Collections Practices

- A. In compliance with relevant laws, and in accordance with the provisions outlined in this policy, UF Health Jacksonville may engage in collection activities - including ECAs - to collect outstanding balances.
- B. General collection activities may include follow-up calls on statements.
- C. Patient balances may be referred to a third party for collection. UF Health Jacksonville will maintain ownership of any debt referred to collection agencies, and patient accounts will be referred for collection only with the following caveats:
 - 1. There is a reasonable basis to believe the patient owes the debt.
 - 2. Third-party payers have been properly billed, and the remaining debt is patient-responsibility. A patient shall not be billed for any amount that an insurance company is obligated to pay.
 - 3. UF Health Jacksonville will not refer accounts for collection while a claim is still pending payer payment. However, UF Health Jacksonville may classify certain claims as "denied" if such claims are in "pending" mode for an unreasonable length of time, despite efforts to facilitate resolution.
 - 4. Accounts will not be referred for collection where the claim denial was due to a UF Health Jacksonville error. However, the patient portion of such claims may be referred for collection if unpaid.

5. UF Health Jacksonville will not refer accounts for collection where the patient has initially applied for financial assistance and the patient has not yet been notified of the decision, provided the patient has complied with the information requests delineated during the application process.

IV. Reasonable Efforts and Extraordinary Collection Actions (ECAs)

- A. Before engaging in ECAs, UF Health Jacksonville must make certain reasonable efforts to determine whether an individual is eligible for financial assistance under our financial assistance policy:
 1. ECAs may begin only when 120 days have passed since the first post-discharge statement was provided.
 2. At least 30 days before initiating ECAs, UF Health Jacksonville shall do the following:
 - a. Provide the individual with a written notice that indicates the availability of financial assistance. Notice that ECA may be taken to obtain payment.
 - b. Provide a plain-language summary of the FAP along with the notice described above
 - c. Attempt to notify the individual orally about the FAP and how he or she may get assistance with the application process
- B. After making reasonable efforts to determine financial assistance eligibility as outlined above, UF Health Jacksonville (or its authorized business partners) may take any of the following ECAs to obtain payment for care:
 1. Report adverse information to credit reporting agencies and/or credit bureau
- C. Hospital liens may be recorded to secure payment from third party liability claims (i.e. automobile, workers' compensation) If a patient has an outstanding balance for previously provided care, UF Health Jacksonville may engage in the ECA of deferring, denying, or requiring payment before providing additional medically necessary (but non-emergent) care only when the following steps are taken:
 1. UF Health Jacksonville provides the patient with an FAP application and a plain language summary of the FAP.
 2. UF Health Jacksonville provides a written notice indicating the availability of financial assistance and specifying any deadline after which a completed application for assistance for the previous care episode will no longer be accepted. This deadline must be at least 30 days after the notice date or 240 days after the first post-discharge billing statement for prior care—whichever is later.
 3. UF Health Jacksonville makes a reasonable effort to orally notify the individual about the financial assistance policy and explain how to receive assistance with the application process.
 4. UF Health Jacksonville processes, on an expedited basis, any FAP applications for previous care received within the stated deadline.

- D. UF Health Jacksonville is ultimately responsible for taking reasonable efforts to determine whether an individual is eligible for financial assistance and for deciding whether the organization may proceed with any of the ECAs outlined in this policy.

V. Financial Assistance

- A. All billed patients will have the opportunity to contact UF Health Jacksonville regarding financial assistance for their accounts, payment plan options, and other applicable programs. Any self-pay or financial assistance discount applied will be reversed if insurance, TPL, a settlement and/or other miscellaneous source is identified.
- B. UF Health Jacksonville's financial assistance policy is available in English, Spanish and Arabic. Request a free copy by:
 - a. Calling (904) 244-4015.
 - b. E-mailing enroll@jax.ufl.edu.
 - c. Accessing the website via the following link: <http://ufhealthjax.org/patient-care/financial-assistance.aspx>
 - d. Visiting, in person, one of the following locations:
 - 1. UF Health Jacksonville Admissions Department, 655 West 8th Street, Jacksonville, Florida 32209.
 - 2. UF Health North Admissions Department, 15255 Max Leggett Parkway, Jacksonville, Florida 32218.
 - 3. UF Health Jacksonville Financial Eligibility Department, 2000 Boulevard, Jacksonville, Florida 32209.

VI. Customer Service

- A. During the billing and collections process, UF Health Jacksonville will provide quality customer service by implementing the following guidelines:
 - 1. UF Health Jacksonville does not allow abusive, harassing, offensive, deceptive, or misleading language or conduct by its employees.
 - 2. UF Health Jacksonville will maintain a process for patient questions and/or disputes. This information will be listed on all bills and collections statements sent.
 - 3. After receiving a communication from a patient (by phone or in writing), UF Health Jacksonville staff will return phone calls as promptly as possible (but no more than one business day after the call/correspondence was received) and will respond to written correspondence within 10 days.
 - 4. UF Health Jacksonville will maintain a log of patient complaints that will be available for audit.